



County of San Bernardino

F A S

**STANDARD CONTRACT**

**FOR COUNTY USE ONLY**

New	Vendor Code		SC	Dept.	A	Contract Number	
Change						04-690 A-1	
Cancel							
County Department				Dept.	Orgn.	University's License No.	
San Bernardino County Museum				CCM	400		
County Department Contract Representative				Telephone		Total Contract Amount	
Robert L. McKernan				307-2669		\$24,250	
Contract Type							
<input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input type="checkbox"/> Unencumbered <input type="checkbox"/> Other:							
If not encumbered or revenue contract type, provide reason:							
Commodity Code			Contract Start Date		Contract End Date		Original Amount
			6/8/04		3/31/05		\$10,450
Amendment Amount							
\$13,800							
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount	
AAA	CCM	800		9800		\$10,250	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount	
AAA	CCM	400		9800		\$13,800	
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.	Amount	
Project Name				Estimated Payment Total by Fiscal Year			
EPSILON SYSTEMS				FY	Amount	I/D	
SOLUTIONS, INC.				04/05	\$24,250		

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and

Name EPSILON SYSTEMS SOLUTIONS, INC.

Hereinafter called Contractor

Address

1565 Hotel Circle South, Suite 200

San Diego, CA 92108-3418

Telephone

(619) 702-1700 ext 119

Federal ID No. or Social Security No.

**IT IS HEREBY AGREED AS FOLLOWS:**

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

**WHEREAS,** The County and Contractor have previously entered into an Agreement, County Contract #04-690, ("Contract").

**WHEREAS,** the County and Contractor now desire to amend this Contract.

**Auditor/Controller-Recorder Use Only**

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

**NOW, THEREFORE**, it is hereby agreed to amend County Contract # 04-690 between the contract and contractor as follows:

1. Article 2 "Services to be Provided" to include the following tasks:
  - (a) Assemble significant paleontological papers and conduct a written overview of the literature available on the paleontological resources of NAWS, China Lake.
  - (b) Field check and photograph with a digital camera, a representative sample of the important paleontological sites.
  - (c) Provide a map of the locations of significant paleontological localities known and predicated to occur on NAWS.
  - (d) Provide a list of specimens and their repository facility location.
  - (e) Provide GPS coordinates for all field specimens.
  - (f) Provide recommendations for any additional paleontological research needs at NAWS.
2. County Museum will receive an additional \$13,800 increasing the contract amount from \$10,450 to \$24,250

All other provisions and terms of the Contract, County Contract #04-690, shall remain the same and is hereby incorporated by reference.

IN WITNESS WHEREOF, the Board of Supervisors of the County of San Bernardino has caused this Agreement to be subscribed by its duly authorized officers, in its behalf, and the said party of the second part has signed this Agreement.

COUNTY OF SAN BERNARDINO

EPSILON SYSTEMS SOLUTIONS, INC.

? \_\_\_\_\_  
Dennis Hansberger, Chairman, Board Of Supervisors

\_\_\_\_\_  
(Print or type name of corporation, company, University, etc.)

Date \_\_\_\_\_

By ? \_\_\_\_\_  
(Authorized signature – sign in blue ink)

SIGNED AND CERTIFIED THAT A COPY OF THIS  
DOCUMENT HAS BEEN DELIVERED TO THE  
CHAIRMAN OF THE BOARD

Name \_\_\_\_\_  
(Print or type name of person signing contract)

Clerk of the Board of Supervisors  
of the County of San Bernardino

Title \_\_\_\_\_  
(Print or type)

Date \_\_\_\_\_

By \_\_\_\_\_  
Deputy

Address \_\_\_\_\_  
\_\_\_\_\_

Approved as to Legal Form

Reviewed by Contract Compliance

Presented to BOS for Signature

► \_\_\_\_\_  
Dawn Stafford, Deputy County Counsel

► \_\_\_\_\_

► \_\_\_\_\_  
Robert L. McKernan, Director, Museum

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

**Auditor/Controller-Recorder Use Only**

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By

